

**GRANT AMENDMENT**

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the “State”) and Planned Parenthood of Northern New England (hereafter called the “Subrecipient” that the grant agreement (#03410-2145-20) on the subject of administering the Blueprint for Health program initiatives in the Colchester, Vermont Health Service Area, effective October 1, 2019, is hereby amended effective September 30, 2020 as follows:

- 1. By deleting Part 1-Grant Award Detail on page 1 of 34 of the base agreement and replacing it with the following Part 1 – Grant Award Detail:**

STATE OF VERMONT  
DEPARTMENT OF VERMONT HEALTH ACCESS  
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND

PAGE 2 OF 4  
GRANT # 03410-2145-20  
AMENDMENT #2

STATE OF VERMONT GRANT AGREEMENT				Part 1-Grant Award Detail			
SECTION I - GENERAL GRANT INFORMATION							
1 Grant #: 03410-2145-20				2 Original <input type="checkbox"/>		Amendment # <input type="checkbox"/> 2	
3 Grant Title: Blueprint for Health - Planned Parenthood of Northern New England							
4 Amount Previously Awarded:		5 Amount Awarded This Action:		6 Total Award Amount:			
\$20,000.00		\$10,000.00		\$30,000.00			
7 Award Start Date: 10/01/2019		8 Award End Date: 09/30/2021		9 Subrecipient Award: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
10 Supplier #: 1121		11 Grantee Name: Planned Parenthood of Northern New England					
12 Grantee Address: 784 Hercules Drive							
13 City: Colchester				14 State: VT		15 Zip Code: 05446	
16 State Granting Agency: Agency of Human Services/ DVHA						17 Business Unit: 03410	
18 Performance Measures:		19 Match/In-Kind: Description:					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
20 If this action is an amendment, the following is amended:							
Amount: <input type="checkbox"/>		Funding Allocation: <input checked="" type="checkbox"/>		Performance Period: <input type="checkbox"/>		Scope of Work: <input type="checkbox"/> Other: <input type="checkbox"/>	
SECTION II - SUBRECIPIENT AWARD INFORMATION							
21 Grantee Identifier [DUNS] #: 020664637				22 Indirect Rate: %		23 FFATA: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
24 Grantee Fiscal Year End Month (MM format):				(Approved rate or de minimis 10%)		25 R&D: <input type="checkbox"/>	
26 Entity Identifier [DUNS] Name (if different than VISION Supplier Name in Box 11):							
SECTION III - FUNDING ALLOCATION							
STATE FUNDS							
Fund Type		27 Awarded Previously	28 Award This Action	29 Cumulative Award	30 Special & Other Fund Descriptions		
General Fund		\$3,371.25	\$1,689.65	\$5,060.90			
Special Fund				\$0.00			
Global Commitment (non-subrecipient funds)		\$6,046.41	\$3,019.53	\$9,065.94			
Other State Funds				\$0.00			
FEDERAL FUNDS (includes subrecipient Global Commitment funds)					Required Federal Award Information		
31 CFDA#	32 Program Title	33 Awarded Previously	34 Award This Action	35 Cumulative Award	36 FAIN	37 Fed Award Date	38 Total Federal Award
93.778	Medical Assistance Program	\$3,371.26	\$1,689.66	\$5,060.92			
39 Federal Awarding Agency:		40 Federal Award Project Descr:					
93.778	GC- Medical Assistance Program	\$7,211.08	\$3,601.16	\$10,812.24			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
				\$0.00			
Federal Awarding Agency:		Federal Award Project Descr:					
Total Awarded - All Funds		\$20,000.00	\$10,000.00	\$30,000.00			
SECTION IV - CONTACT INFORMATION							
41 STATE GRANTING AGENCY				42 GRANTEE			
NAME: Julie Parker				NAME: Shauna Hill			
TITLE: Project Administrator				TITLE: Director of Behavioral Health			
PHONE: (802) 760-8467				PHONE: (802) 598-8580			
EMAIL: Julie.Parker@vermont.gov				EMAIL: Shauna.Hill@ppnne.org			

**2. By deleting Attachment A, Section 3 (Deliverables) and replacing it as follows:**

**3. Deliverables**

The Subrecipient shall submit a report to the State on a quarterly basis which describes the Subrecipient's activities and progress in performing the implementation and administrative functions described in the Vermont Blueprint for Health Manual for the Women's Health Initiative. The State will provide a template for this report. The Subrecipient will report accomplishments and successes as well as challenges and barriers to success. This report will be used both to document WHI implementation and to identify areas of potential intervention by the State to improve performance. The Subrecipient will report on: WHI Implementation;

- Participation in Quality Improvement Initiatives;
- Practice Outreach;
- Data Transmission to the VHIE and VCR;
- New Blueprint and/or ACO Initiatives as appropriate including implementation of the Care Model (as described in the Vermont Blueprint for Health Manual).

These reports will include attachments as requested by the State to document specific activities. The reports will describe the activities in the previous 3 months, and will be submitted to the State on or before the following dates annually:

- January 15th
- April 15th
- July 15th
- October 15th

The State may require more frequent assessments of progress if there are concerns about Subrecipient performance.

Additionally, the Subrecipient is responsible for providing periodic reports listed in the table below by the dates indicated on an annual basis, including entering data into the Blueprint portal when necessary.

WHI Staffing and Practice Demographics Report:  This report includes updated WHI staffing and Practice demographic information.	October 15th January 15th April 15th July 15th
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**3. By adding the following budget table to Attachment B, Section 17 (Approved Budget for the Grant Term):**

October 1, 2020 to September 30, 2021

Budget Category	Amount
Key Contact/Project Management	\$10,000.00
<b>Total</b>	<b>\$10,000.00</b>

Taxes Due to the State. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

Certification Regarding Suspension or Debarment. Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: <http://bgs.vermont.gov/purchasing-contracting/debarment>.

This document consists of 4 pages. Except as modified by this Amendment No. 2, all provisions of the Grant remain in full force and effect.

**THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.**

**BY THE STATE OF VERMONT:**

E-SIGNED by Cory Gustafson  
on 2020-10-14 19:51:25 GMT      October 14, 2020

CORY GUSTAFSON, COMMISSIONER      DATE  
AHS/DVHA  
NOB 1 SOUTH, 280 STATE DRIVE  
WATERBURY, VT 05671  
PHONE: (802) 879-5901  
EMAIL: CORY.GUSTAFSON@VERMONT.GOV

**BY THE SUBRECIPIENT:**

E-SIGNED by Meagan Gallagher  
on 2020-10-14 18:26:56 GMT      October 14, 2020

MEAGAN GALLAGHER, PRESIDENT / CEO      DATE  
PLANNED PARENTHOOD OF NORTHERN NEW ENGLAND  
784 HERCULES DRIVE, SUITE 110  
COLCHESTER, VT 05446  
PHONE: (802) 448-9700  
EMAIL: MEAGAN.GALLAGHER@PPNNE.ORG